

In re application of: Peter C. Wyther

Docket No. **US110126000** **PATENT**
Date: January 23, 2004

373/

Serial No.: 10/045,220

Filed: October 23, 2001

For: Spinal Cord Removal Tool With
Adjustable Blades

I hereby certify that this correspondence is being deposited
with the United States Postal Service on the date indicated
below as first class mail in an envelope addressed to
Mail Stop **Non-Fee Amendment** Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Name: Marian R. Capelli Date: January 23, 2004

Signature: Marian R. Capelli

Mail Stop **Non-Fee Amendment**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



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Sir:

TECHNOLOGY CENTER R3700

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)	(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*21	Minus	**21	=0
Indep.	* 1	Minus	*** 3	=0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				
<input type="checkbox"/> EXTENSION FEE				

Small Entity

RATE	ADDIT. FEE
X\$ 9=	\$
X\$ 43=	\$
X\$ 145=	\$
	\$
	\$
Total	\$

Other Than
Small Entity

RATE	ADDIT. FEE
X\$ 18=	\$0
X\$ 86=	\$
	\$
X\$ 290=	\$
	\$
Or Total	\$0

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Applicant petitions the Commissioner for a _____ month(s) extension of time to respond, pursuant to 37 CFR §1.136(a).
- ☐ A check in the amount of \$ _____ is attached.
- ☒ Please charge my Deposit Account No. 04-0566 for any over or under payment of filing fees under 37 CFR §1.16 for presentation of extra claims, or patent application processing fees under 37 CFR §1.17. A duplicate copy of this sheet is attached.
- ☐ Other: _____

Respectfully submitted,

Anthony P. DeLio, Reg. No. 18,729